

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10816701**

FILED DATE **4-2-04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	1					
4		3	3			
5		3	3			
6		2	2			
7		3	3			
8		2	2			
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
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17		2				
18		3				
19		3				
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21	1					
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TOTAL IND.	4					
TOTAL DEP.		43				
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
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